

# TULARE COUNTY CLERK-RECORDER - APPLICATION FOR DEATH RECORD

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION


Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a record.

- ❖ The registrant or a parent or legal guardian of the registrant.
- ❖ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- ❖ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- ❖ A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.
- ❖ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.
- ❖ Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted on the copy. Informational copies do not require notarization.

I am requesting an AUTHORIZED copy

I am requesting an INFORMATIONAL copy

		NUMBER OF COPIES NUMERO DE COPIAS			<b>CLERK-RECORDER USE ONLY</b>  Certificate : _____  Book#: _____ Page#: _____  A/C: _____  Imaged  Informational  For Gov't Use Only  No Record  											
		Month/Mes	Day/Dia	Year/Año												
Date of Death - Fecha Defunción																
NAME OF DECEASED (first, middle, last) - NOMBRE DE DIFUNTO (primer, segundo, apellido)																
CITY OF DEATH - CIUDAD DE DEFUNCIÓN																
RELATIONSHIP TO REGISTRANT (SEE ABOVE) - RELACION A REGISTRANTE																
I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive an AUTHORIZED certified copy of the record identified on this application form.																
Sworn this _____ day of _____, _____ at _____																
<table border="1"><tr><td colspan="3">NAME - NOMBRE</td></tr><tr><td colspan="3">STREET ADDRESS - NUMERO Y CALLE</td></tr><tr><td>CITY - CIUDAD</td><td>STATE - ESTADO</td><td>ZIP - ZONA POSTAL</td></tr><tr><td colspan="3">PHONE NUMBER - NO DE TELEFONO</td></tr></table>					NAME - NOMBRE			STREET ADDRESS - NUMERO Y CALLE			CITY - CIUDAD	STATE - ESTADO	ZIP - ZONA POSTAL	PHONE NUMBER - NO DE TELEFONO		
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PHONE NUMBER - NO DE TELEFONO																
DL/ID _____ Expires _____																
BN#:																



COUNTY OF TULARE  
**CLERK-RECORDER**

221 S MOONEY BLVD. RM 105, VISALIA , CA 93291-4593 / 559 - 636 - 5051

**CERTIFICATE OF IDENTITY - BIRTH, DEATH AND MARRIAGE**

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth, Death or Marriage Certificate. You must be one of the following to receive an authorized copy of a birth, death or marriage certificate: individual named on the certificate, parent, legal guardian/custodian, grandparent, grandchild, child, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency.

**This certificate must be signed in the presence of a Notary.**

Name on Certificate	Relationship

Please indicate the total number of certificates requested: \_\_\_\_\_

.....

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally

appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the

person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s)

*I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.*

Signature \_\_\_\_\_

(seal)

## **INSTRUCTIONS**

### **TULARE COUNTY CLERK-RECORDER –APPLICATION FOR DEATH RECORD**

Death records have been maintained in the Tulare County Clerk-Recorder's Office since 1873.

1. You must complete the Application for Death Record, and give all the information you have when you submit your request by mail. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. You must sign the Sworn Statement, 1<sup>st</sup> pg, and you must also sign the Certificate of Identity, 2<sup>nd</sup> pg, in the presence of a Notary Public.

**PLEASE NOTE:** Only one notarized Certificate of Identity is required for multiple certificates requested at the same time. However, the Certificate of Identity must include the name of each individual whose death certificate you wish to obtain and your relationship to that individual. If you are not an authorized person, an INFORMATIONAL CERTIFIED COPY will be issued. Please see page 1 of Application for authorized person information.

2. Use a separate Application form (1<sup>st</sup> page only) for each different certified death record you are requesting, and remember to identify each separate certificate name requested on the Certificate of Identity (2<sup>nd</sup> pg of Application).
3. Submit **\$16.00** for each certified copy requested. If no record of the death is found, the **\$16.00** fee will be retained for searching as required by statute (Health and Safety Code Section 103650), and a Certificate of No Record will be issued. Indicate the number of certified copies you are requesting, and include your payment with this application in the form of a personal check, postal or bank money order (International Money Order only for out-of country request) made payable to:

**TULARE COUNTY CLERK-RECORDER  
221 S MOONEY BLVD RM 105  
VISALIA CA 93291- 4593  
559 - 636 – 5051**

**Note:** Credit Card orders may be processed on-line at [www.vitalchek.com](http://www.vitalchek.com). Additional costs apply for processing orders using a credit card. Please follow the directions on Vitalchek's website, if using a credit card.